PATENT APPLICATION	FEE	DETERMINATION	RECORD
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Application or Docket Number

09 /80 C 540

Effective October 1, 2000														
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL I	ENTIT	Υ	OR		R THAN ENTITY			
T	OTAL CLAIM	S				\$\frac{1}{2} \times \times	A STORY		RATE	F	E	7	RATE	FEE
FOR			NUMBER	NUMBER FILED NUMBER EXTR		BER EXTRA		BASIC FE	┩			BASIC FEE	 	
			5 m	ninus 20= *			XS 9=			OR	XS18=			
INDEPENDENT CLAIMS / minus 3 =						┨—				 				
MULTIPLE DEPENDENT CLAIM PRESENT							X40=	╂—		OR	X80≃			
* If the difference in column 1 is less than zero, enter *0" in column 2						Į	+135=	<u> </u>		OR	+270=			
	CLAIMS AS AMENDED - PART II							TOTAL	50)	OR	TOTAL	L	
			umn 1)	AMENDE	Colun)		(Column 3)	OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT A	,	REM AF	AIMS AINING TER IDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE
NON	Total	. /	7	Minus	2	0	=		X\$ 9=			OR	X\$18=	,,,,,,
AME	Independent	ENTATIO	/	Minus	:	3	= -		X40=			OR	X80=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	1	7	OR	+270=	
1.12/04							۰.	TOTAL DDIT. FEE	₩	─ ┩	an E	TOTAL ODIT. FEE		
4			mn 1)		(Colum		(Column 3)	~	JUI . 1 CE		الصد	Î	ODII. FEER	
AMENUMEN! B		REMA	AIMS AINING TER DMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADD TION FEE	AL		RATE	ADDI- TIONAL FEE
N L	Total	1	le	Minus	1.20	7	=		X\$ 9=			OR	X\$18=	
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									+135=			OR	+270=	
			•					AC	TOTAL DDIT. FEE			OR ,	TOTAL ODIT. FEE	
7		(Colu	mn 1)	A	(Colum		(Column 3)							
: 	ting of the second	REMA	INING ER		NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADD TION FEE	AL		RATE	ADDI- TIONAL FEE
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_ <u> </u>	Independent	•		Minus	***		=	H	X40=		\dashv	f	X80=	
PRESENTATION OF MULTIPLE DEPENDENT CLAIM OH THE SENTATION OF MULTIPLE DEPENDENT CLAIM														
If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." All the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."						Ľ	135=			PR [+270=		
!!	the "Highest Nur	nber Prev nber Prev	iously Pai iously Pai	d For IN THIS id For IN THIS	S SPACE is I	ess than	20, enter "20."		DIT. FEE				TOTAL DDIT. FEE	
11	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE													

Linder the Passerwork Reduction Act of 1995, no persona	U.S.	Petent and Trademark Offi ultrition of information unit	ice; U.S. DE ise if display	5-03 PARTMENT OF COMMERCE 7 3 YAFG ONB control number.		
PETITION FOR EXTENSION OF T			Docket	Number (Optional)		
	tn re Application of Gus					
	Application Number 09	/806,540		Filed March 30, 200		
	For MAGNETIC SV	VITCHING OF CHA	RGE SE	PARATION		
	Art Unit 2874		Examiner	B. Healy		
This is a request under the provisions of reply in the above identified application.	37 CFR 1.136(a) to e	xtend the period for	filing a			
The requested extension and appropriate (check time period desired):	non-small-entity fee	are as follows				
☑ One month (37 CFR 1.17(a)	(1))			\$_110.00		
Two months (37 CFR 1.17(8	1)(2))	•		\$		
Three months (37 CFR 1.17	'(a)(3))			\$		
Four months (37 CFR 1.17)	a)(4))			\$		
Five months (37 CFR 1.17(a)(5))					
Applicant claims small entity statu above is reduced by one-half, and A check in the amount of the fee I	the resulting fee is: \$	Therefore, the fee a 55.00	imount si	hown		
Payment by credit card. Form PT						
The Commissioner has already be application to a Deposit Account.	een authorized to cha					
The Commissioner is hereby eath or credit any overpayment, to Dep I have enclosed a duplicate copy	posit Account Number	fees which may be 17-0055	required,			
I am the applicant/inventor				1		
. —	7 CFR 3.73(b) is enci	37 CFR 3.71. osed. (Form PTO/S	B/96).			
attorney or agent of record.						
attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)						
WARNING: Information on this fo be included on this form. Provide	rm may become pul	blic. Credit card in Ition and authoriza	formatic ition on	on should not PTO-2038.		
1 1 1		(1)	G	He		
6/7/04		Signa	ture	004-		
Date 602-229-5311		Robert D. Alkins				
Telephone Number		Typed or pr	inted nar	ne		
NOTE: Signatures of all the inventors or assigness of record of the entire Interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
Burden Hour Statement: This form is extimated to taxe 0.1	nours to complete. Time will	vary depanding upon the m	ed le cho;	ndividual cosa.		